

INTERSTATE	<input type="checkbox"/>	CITY STREET	<input checked="" type="checkbox"/>	FIRE RESULTED	<input type="checkbox"/>
STATE ROUTE	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	STOLEN VEHICLE	<input type="checkbox"/>
COUNTY RD	<input type="checkbox"/>	PRIVATE WAY	<input type="checkbox"/>	HIT & RUN INVOLVED	<input type="checkbox"/>

CASE #	14-01224		
LOCAL AGENCY CODING			
TOTAL # OF UNITS	02	OBJECT STRUCK	

TRIBAL RESERVATION	
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M M		D D		Y Y Y Y				TIME (2400)	COUNTY #	MILES		N E		S W		IN	CITY #	
DATE OF COLLISION	05	-	27	-	2014				0538	31							<input checked="" type="checkbox"/>	0664

ON (PRIMARY TRAFFIC WAY)		INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>	BLOCK NO. <input checked="" type="checkbox"/>		
LUNDEEN PKWY				MILE POST <input type="checkbox"/>	700	

DISTANCE OF (REFERENCE OR CROSS STREET)
 MILES N E
 FEET S W VERNON RD

UNIT 01	MOTOR VEHICLE	<input checked="" type="checkbox"/>	PEDAL-CYCLE	<input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE

LAST NAME	JAURON	FIRST NAME	RYAN	MIDDLE INITIAL	J
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STREET NEW ADDRESS	12306 19TH AVE SE
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CITY	EVERETT	ST	WA	ZIP	982086247
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CDL		RESTRICTIONS	B	ENDORSEMENTS	
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DRIVER'S LICENSE #	JAUORJ092R5	STATE	WA	SEX	M	D.O.B. (MMDDYYYY)	12	-	25	-	1991
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	ACS8911	STATE	WA	VIN#	1G2WP12K9VF278785
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	1997	MAKE	PONT	MODEL	GRACP	STYLE	CP	VEHICLE TOWED	TOWED BY	GOVT. VEHICLE
								YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

REGISTERED OWNER INFO. SHEENA JENSEN 12306 19TH AVE SE EVERETT WA 98208

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO. & POLICY # _____

VEHICLE LEGALLY STANDING	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION # 4Z0575708	CHARGE FAIL TO YIELD THE RIGHT OF WAY	
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 3607089131
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LAST NAME	PERALES	FIRST NAME	CHRISTINA	MIDDLE INITIAL	R
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STREET NEW ADDRESS	12063 BAYHILL DR
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CITY	BURLINGTON	ST	WA	ZIP	982333639
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	PERALCR332R2	STATE	WA	SEX	F	D.O.B. (MMDDYYYY)	12	-	22	-	1967
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	4	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	ABT7006	STATE	WA	VIN#	1FAHP35N19W138053
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR 2009	MAKE FORD	MODEL FOC4D	STYLE 4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. JUAN PERALES 11728 24TH PL NE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	SAFECO INSURANCE H1851289	
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VEHICLE LEGALLY STANDING	YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE	
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OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY
M. HINGTGEN	126	WA0311900



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. E330466

CASE #

14-01224

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME

(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME

(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME

(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NARRATIVE

Veh #1 was traveling westbound on Vernon Rd, stopped at the posted stop sign at the intersection of Vernon Rd and Lundeen Parkway. Veh #2 was traveling southbound in approximately the 700 blk of Lundeen Parkway. Veh #1 proceeded through the intersection, attempting to continue west on Vernon Rd. Veh #1 failed to allow Veh #2 to clear the intersection prior to continuing through. Veh #1 impacted Veh #2 on the drivers side rear door, causing Veh #2 to spin approximately 180 degrees in the roadway.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

M. HINGTGEN

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

05-27-14 05:17 PM

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 095

DATE

5/27/2014 5:22:15 PM

BADGE OR ID #

126

ORI #

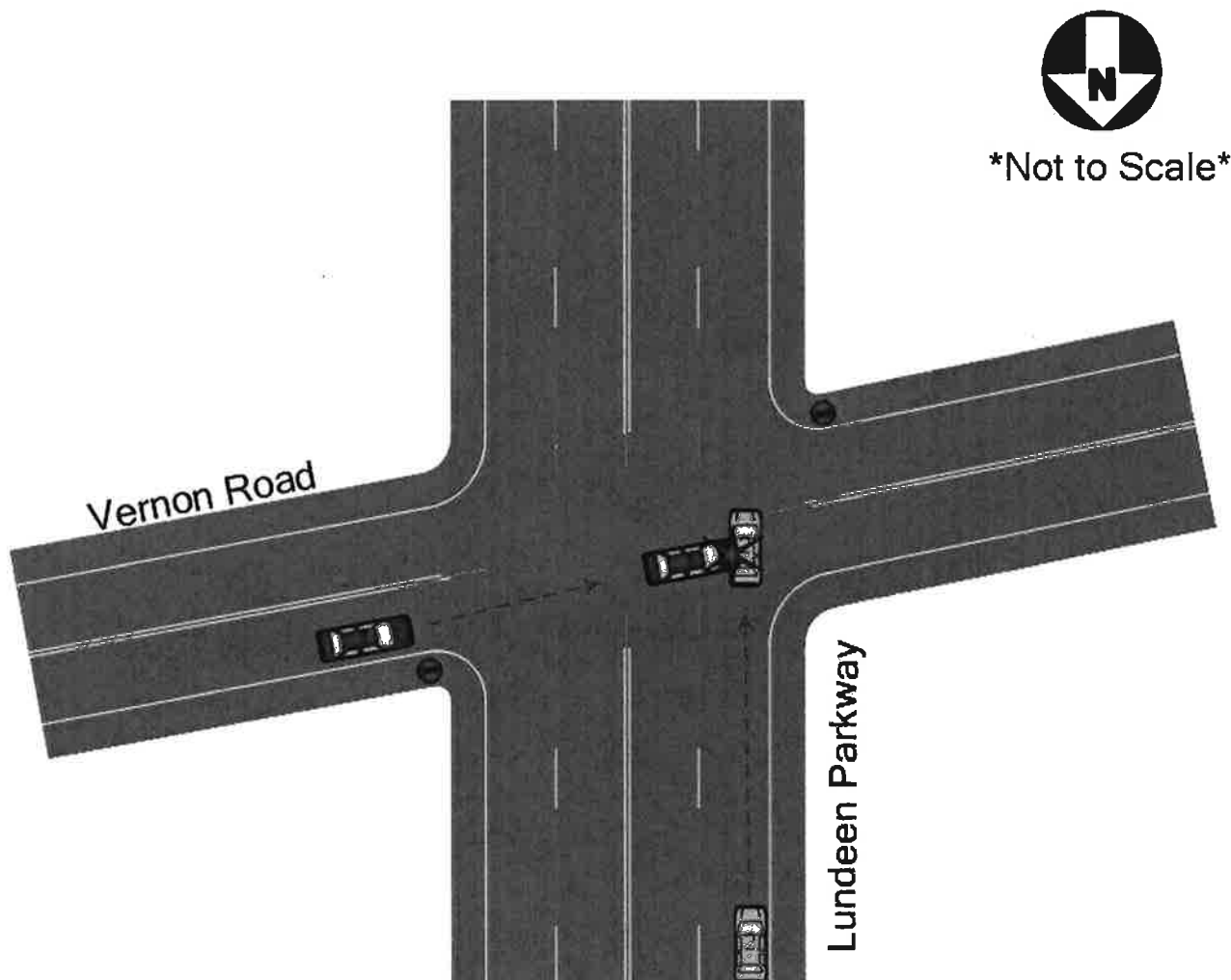
WA0311900

TIME POLICE DISPATCHED

5:38 AM

TIME POLICE ARRIVED

5:42 AM



IN THE ☐ DISTRICT ☒ MUNICIPAL COURT OF LAKE STEVENS VIOLATION BUREAU LAKE STEVENS PLAINTIFF VS. NAMED DEFENDANT
☐ STATE OF WASHINGTON ☐ COUNTY OF THE UNDERSIGNED CERTIFIES AND SAYS THAT IN THE STATE OF WASHINGTON

DRIVERS LICENSE NO. (SCANNED) STATE: WA EXPIRES 12-25-14 PHOTO ID MATCHED ☒ YES ☐ NO NAME: LAST FIRST MIDDLE SFX CDL
JAURON, J092R5 WA 12-25-14 JAURON RYAN JOHN JOHN ☒ YES ☐ NO

ADDRESS 12306 19TH AVE SE EMPLOYER DATE OF BIRTH 12-25-91 RACE W SEX M HEIGHT 5'09" WEIGHT 235 EYES GRN HAIR BRO RESIDENTIAL PHONE NO. CELL/PAGER PHONE NO. WORK PHONE NO.

VIOLATION DATE 05/27/2014 16:20 INTERPRETER NEEDED LANG. AT LOCATION LUNDEEN PKWY VERNON RD M.P. BLOCK # 700 CITY/COUNTY OF LAKE STEVENS/SNOHOMISH

VEH LIC NO ACS8911 STATE WA EXPIRES 02-28-15 VEH YR 1997 MAKE PONTIAC MODEL GRACP STYLE COUPE COLOR GREEN

TR #1 LIC NO TR #2 LIC NO TR YR STATE EXPIRES TR YR

OWNER/COMPANY IF OTHER THAN DRIVER SHEENA MARIE JENSEN ADDRESS 12306 19TH AVE SE CITY EVERETT

ACCIDENT NO COMMERCIAL VEHICLE ☒ YES ☐ NO 16+ PASS ☒ YES ☐ NO HAZMAT ☒ YES ☐ NO EXEMPT VEHICLE ☐ LEA ☐ FIRE

VEH SPEED IN A ZONE SMD PACE AIRCRAFT DID THEN AND THERE COMMIT EACH OF THE FOLLOWING OFFENSES

1. VIOLATION/STATUTE CODE 46.61.180 FAIL TO YIELD THE RIGHT OF WAY PENALTY \$ 124.00

2. VIOLATION/STATUTE CODE PENALTY \$

3. VIOLATION/STATUTE CODE PENALTY \$

4. VIOLATION/STATUTE CODE PENALTY \$

5. VIOLATION/STATUTE CODE PENALTY \$

RELATED # DATE ISSUED 05-27-14 TOTAL PENALTY \$ 124.00
I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT I HAVE ISSUED THIS ON THE DATE AND AT THE LOCATION ABOVE, THAT I HAVE PROBABLE CAUSE TO BELIEVE THE ABOVE NAMED PERSON COMMITTED THE ABOVE OFFENSE(S), AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.

OFFICER M. HINGTGEN # 126 OFFICER

☐ TICKET SERVED ON VIOLATOR ☐ TICKET REFERRED TO PROSECUTOR
☒ TICKET SENT TO COURT FOR MAILING

NOTICE OF INFRACCTION
This is a non-criminal offense for which you cannot go to jail.
YOU MUST RESPOND WITHIN FIFTEEN (15) DAYS FROM THE DATE ISSUED.
Your response must be postmarked by midnight of the day it is due at the court.
If you do not respond or appear for court hearings:

TRAFFIC
The court will find that you committed the infraction.
You may lose your driver's license privilege.
Your penalty will be increased.

NON-TRAFFIC
The court will find that you committed the infraction.
It is a crime and will be treated accordingly.
Your penalty may be increased.

Failure to pay may result in a referral of your case to a collection agency.
Failure to pay may result in a referral of your case to a collection agency.

Check one of the 3 boxes to the right, sign, date, and mail this form to:

Court contact information: Phone 1: (425)334-1012 LAKE STEVENS VIOLATION BUREAU PO BOX 257

LAKE STEVENS WA 98258

My mailing address is: (PLEASE PRINT)
Name: Street or PO Box Apt: City: State: Zip Code: Telephone: Home: Work: Is interpreter needed? Language: X: (SIGNATURE) 420575708

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

14-1224


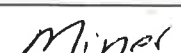
VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Perales Christina R	RACE H	ETH	SEX F	DOB 12-22-67	AGE 46	HGT 5'4"	WGT 160	HAIR DBLA BRN	EYES
STREET ADDRESS 11728 24th PL NE		CITY Lake Stevens		STATE WA		ZIP 98258		RES. STATUS		
HOME PHONE 425-212-9658		CELL PHONE 360-708-7131		PLACE OF EMPLOYMENT Local 26 plumbers + pipefitters						
WORK PHONE		EMAIL ADDRESS								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was driving down Lundeen parkway heading south
A car pulled into the street and hit me on
drivers side.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 5-27-14	LOCATION SIGNED
OFFICER/NUMBER: 	DATE SIGNED 5-27-14	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1
ORIGINAL

VICTIM/WITNESS STATEMENT

VICTIM / WITNESS

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

14-1224



05 27 2014 06 22



05 27 2014 06 23



05 27 2014 06 22



05 27 2014 06 23



05 27 2014 06:23



05 27 2014 06:23



05 27 2014 06:23

LSPD
ORIGINAL

14-1224



05 27 2014 06:23



05.27.2014 06:23



05.27.2014 06:23



05.27.2014 06:24

LSPD
ORIGINAL



05.27.2014 06:24

14-1224



14-1229



14-1229





05.27.2014 06:26



05.27.2014 06:26



05.27.2014 06:26



05.27.2014 06:26

14-1129



14-1229



05.27.2014 08:27



05.27.2014 08:27



05.27.2014 08:27



05.27.2014 08:27

14-1224

AL



LSPD
ORIGINAL

14-1224

LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number <i>Hingstgen</i>		Case Number <i>14-1224</i>	
Type of Crime: Felony / Misdemeanor (Circle)		Type of Case: <i>Collision</i>		Date/Time: <i>5/27/14</i>	
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification			
Item # <i>Qm1</i>	Item <i>CD</i>	Brand Name <i>Compulsory</i>		Storage Location	Disposition
Action # <i>3</i>	Brand/Model/Caliber <i>Scene Photos</i>		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name		Address		City	State
				Zip	Phone #
Owner Signature/Other remarks /additional information/ special instructions					Barcode goes here
Item #	Item	Brand Name		Storage Location	Disposition
Action #	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name		Address		City	State
				Zip	Phone #
Owner Signature/Other remarks /additional information/ special instructions					Barcode goes here
Item #	Item	Brand Name		Storage Location	Disposition
Action #	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name		Address		City	State
				Zip	Phone #
Owner Signature/Other remarks /additional information/ special instructions					Barcode goes here
Item #	Item	Brand Name		Storage Location	Disposition
Action #	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name		Address		City	State
				Zip	Phone #
Owner Signature/Other remarks /additional information/ special instructions					Barcode goes here
Item #	Item	Brand Name		Storage Location	Disposition
Action #	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name		Address		City	State
				Zip	Phone #
Owner Signature/Other remarks /additional information/ special instructions					Barcode goes here
Evidence Control Use Only:					
Received by Evidence:		NCIC/WACIC ✓	Date:	CAD/RMS Checked	ROUTING: _____
Name: _____ # _____		NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room
Date: _____ Time: _____		NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File

ORIGINAL

Entered	05/27/14	05:38:20	BY SPDF25	SP0357
Dispatched	05/27/14	05:38:39	BY SPSC40	SP0261
Enroute	05/27/14	05:38:39		
Onscene	05/27/14	05:42:19		
Closed	05/27/14	06:23:20		

Initial Type: COL Initial Alarm Level: Final Alarm Level:
Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H
Police BLK: SS001 Fire BLK: AG1619 Map Page: 377F-6 Group: SS1 Beat: WEST
Src: T
Loc: LUNDEEN PARK WY/VERNON RD , LKS (V)

Loc Info:
Name:

Name:			Addr:	Phone:
/0538	(SP0357)	ENTRY	, 2 VEHS, BLKING, UNK INJ	
/0538	(SP0261)	DISPER	19D2 #SS126 HINGTGEN, OFFICER (MICHAEL)	
/0539	(SS112)	*ASST	19N2 [LUNDEEN PARK WY/SR 204 , LKS]	
			#SS112 Warbis, OFFICER (STEVE)	
/0539	(SP0261)	ENROUT	19N2	
/0541		ASSTER	19S16 [LUNDEEN PARK WY/SR 204 , LKS]	
			#SS75 CHRISTENSEN, OFCR (CHAD)	
/0542		ONSCNE	19D2	
/0543	(SS75)	*ONSCNE	19S16	
/0544	(SP0261)	CHANGE	LOC: LUNDEEN PARK WY/SR 204 , LKS --> LUNDEEN PA RK WY/VERNON RD , LKS, BLK: SS002 --> SS001	
/0547		ASN CAS	19D2 \$SS14001224	
/0547		ASSTOS	19S13 [LUNDEEN PARK WY/VERNON RD , LKS]	
			#SS95 MINER, SGT (ROBERT)	
/0549	(SS112)	*CLEAR	19N2 D/D	
/0551	(SS75)	CLEAR	19S16	
/0553	(SP0179)	REMINQ	19D2 VEH, 19D2, ABT7006,	
/0553		ROTREQ	19D2 TOW 5745 LKS RESCUE TOWING	
			4253345821	
/0554		MISC	19D2 , RESCUE TOW	
/0555	(SS126)	REMINQ	19D2 MDTVEH, ABT7006, , WA,,	
/0555		REMINQ	19D2 MDTWANT,, WA, PERALCR332R2,,	
/0623	(SP0179)	CLEAR	19D2 D/H	
/0623		CLEAR	19S13 D/H	
/0623		CLOSE	19S13	

Incident History for: #SS14009908

Case Numbers: \$SS14001226

Entered 05/27/14 11:03:52 BY SPCT08 SP0355
Dispatched 05/27/14 11:04:56 BY SPDP17 SP0100
Enroute 05/27/14 11:04:56
Onscene 05/27/14 11:06:00
Closed 05/27/14 11:21:10

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS002 Fire BLK: AG1518 Map Page: 397E-1 Group: SS1 Beat: WEST

Src: T

Loc: SR 204/SR 9 NE , LKS (V)

Loc Info:

Name: RHODES, RICHARD

Addr:

Phone: 2063355965

/1103 (SP0355) ENTRY , CC ON SR 204 BY THE UNION 76 ST. 2 CAR NON INJ,
NON BLK' ING , RED CHRY TOWN/COUNTRY VAN VS RED
BLAZER
/1104 (SP0100) VIEWED
/1104 DISPER 19D1 #SS72 AUKERMAN, OFFICER (WAYNE)
/1106 ASSTOS 19D2 [SR 204/SR 9 NE , LKS]
#SS126 HINGTGEN, OFFICER (MICHAEL)
/1108 CLEAR 19D1
/1115 (SS126) REMINQ 19D2 MDTWANT, NELSON, AMANDA, J, 010488, , , WA, , , , , , , , , , ,
/1116 (SP0100) ASNCAS 19D2 \$SS14001226
/1121 CLEAR 19D2 D/H
/1121 CLOSE 19D2